



Sen. Heather A. Steans

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1 AMENDMENT TO SENATE BILL 420

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 420 by replacing  
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the  
5 Complex Needs Patient Act.

6 Section 5. Purpose.

7 (a) It is the intent of the General Assembly to:

8 (1) protect access for complex needs patients to  
9 important medically necessary complex rehabilitation  
10 technology (CRT) and supporting services;

11 (2) establish and improve safeguards relating to the  
12 evaluation, delivery, and repair of medically necessary  
13 complex rehabilitation technology;

14 (3) provide supports for complex needs patients to stay  
15 in the home or community setting, engage in basic  
16 activities of daily living and instrumental activities of

1 daily living including employment, prevent  
2 hospitalizations, prevent institutionalization, and  
3 prevent other costly secondary complications; and

4 (4) provide adequate Medicaid payment for complex  
5 rehabilitation technology for the purpose of allowing  
6 continued access to medically necessary products and  
7 related services, including maintenance and repair.

8 (b) The General Assembly directs the Department of  
9 Healthcare and Family Services to establish focused rules and  
10 policies within the State Medicaid program for complex  
11 rehabilitation technology and to make other required changes to  
12 protect access to these specialized products and services.

13 Section 10. Definitions. As used in this Act:

14 (a) "Complex needs patient" means an individual with a  
15 diagnosis or medical condition that results in significant  
16 physical impairment or functional limitation. "Complex needs  
17 patient" includes, but is not limited to, individuals with  
18 spinal cord injury, traumatic brain injury, cerebral palsy,  
19 muscular dystrophy, spina bifida, osteogenesis imperfecta,  
20 arthrogryposis, amyotrophic lateral sclerosis, multiple  
21 sclerosis, demyelinating disease, myelopathy, myopathy,  
22 progressive muscular atrophy, anterior horn cell disease,  
23 post-polio syndrome, cerebellar degeneration, dystonia,  
24 Huntington's disease, spinocerebellar disease, and certain  
25 types of amputation, paralysis, or paresis that result in

1 significant physical impairment or functional limitation.  
2 "Complex needs patient" does not negate the requirement that an  
3 individual meet medical necessity requirements under authority  
4 rules to qualify for receiving complex rehabilitation  
5 technology.

6 (b) "Complex rehabilitation technology" means items  
7 classified within the Medicare program as of January 1, 2015 as  
8 durable medical equipment that are individually configured for  
9 individuals to meet their specific and unique medical,  
10 physical, and functional needs and capacities for basic  
11 activities of daily living and instrumental activities of daily  
12 living identified as medically necessary. "Complex  
13 rehabilitation technology" includes, but is not limited to,  
14 complex rehabilitation manual and power wheelchairs and  
15 options/accessories, adaptive seating and positioning items  
16 and options/accessories, and other specialized equipment such  
17 as standing frames and gait trainers and options/accessories.  
18 The related Healthcare Common Procedure Code System (HCPCS)  
19 billing codes include, but are not limited to, any of the  
20 following:

21 (1) Pure Complex Rehabilitation Technology Codes:  
22 These HCPCS codes contain 100% complex rehabilitation  
23 technology products: E0637, E0638, E0641, E0642, E0986,  
24 E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009,  
25 E1010, E1011, E1012, E1014, E1037, E1161, E1220, E1228,  
26 E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237,

1 E1238, E1239, E2209, E2291, E2292, E2293, E2294, E2295,  
2 E2300, E2301, E2310, E2311, E2312, E2313, E2321, E2322,  
3 E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330,  
4 E2331, E2351, E2373, E2374, E2376, E2377, E2609, E2610,  
5 E2617, E8000, E8001, E8002, K0005, K0835, K0836, K0837,  
6 K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849,  
7 K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857,  
8 K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868,  
9 K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884,  
10 K0885, K0886, K0890, K0891, and K0898.

11 (2) Mixed Complex Rehabilitation Technology Codes:  
12 These HCPCS codes contain a mix of complex rehabilitation  
13 technology products and standard mobility and accessory  
14 products: E0950, E0951, E0952, E0955, E0956, E0957, E0958,  
15 E0960, E0967, E0978, E0990, E1015, E1016, E1028, E1029,  
16 E1030, E2205, E2208, E2231, E2368, E2369, E2370, E2605,  
17 E2606, E2607, E2608, E2613, E2614, E2615, E2616, E2620,  
18 E2621, E2624, E2625, K0004, K0006, K0007, K0008, K0009,  
19 K0040, K0108, and K0669.

20 (3) Future codes created to expand on or replace those  
21 listed in paragraphs (1) and (2).

22 (c) "Individually configured" means a device has a  
23 combination of sizes, features, adjustments, or modifications  
24 that a qualified complex rehabilitation technology supplier  
25 can customize to the specific individual by measuring, fitting,  
26 programming, adjusting, or adapting the device as appropriate

1 so that the device is consistent with an assessment or  
2 evaluation of the individual by a qualified health care  
3 professional and consistent with the individual's medical  
4 condition, physical and functional needs and capacities, body  
5 size, period of need, and intended use.

6 (d) "Qualified complex rehabilitation technology  
7 professional" means an individual who is certified as an  
8 Assistive Technology Professional by the Rehabilitation  
9 Engineering and Assistive Technology Society of North America.

10 (e) "Qualified complex rehabilitation technology supplier"  
11 means a company or entity that:

12 (1) is accredited by a recognized accrediting  
13 organization as a supplier of complex rehabilitation  
14 technology;

15 (2) is an enrolled Medicare supplier and meets the  
16 supplier and quality standards established for durable  
17 medical equipment suppliers, including those for complex  
18 rehabilitation technology, under the Medicare program;

19 (3) employs as a W-2 employee at least one qualified  
20 complex rehabilitation technology professional for each  
21 location to:

22 (A) analyze the needs and capacities of the complex  
23 needs patient in consultation with qualified health  
24 care professionals;

25 (B) participate in the selection of appropriate  
26 complex rehabilitation technology for such needs and

1 capacities; and

2 (C) provide technology-related training in the  
3 proper use of the complex rehabilitation technology;

4 (4) requires a qualified complex rehabilitation  
5 technology professional be physically present for the  
6 evaluation and determination of appropriate complex  
7 rehabilitation technology;

8 (5) has the capability to provide service and repair by  
9 qualified technicians for all complex rehabilitation  
10 technology it sells;

11 (6) maintains an adequate inventory of commonly used  
12 repair parts; and

13 (7) provides written information at the time of  
14 delivery of complex rehab technology regarding how the  
15 complex needs patient may receive service and repair.

16 (f) "Qualified health care professional" means a health  
17 care professional licensed by the State who has no financial  
18 relationship with the qualified complex rehabilitation  
19 technology supplier and includes, but is not limited to: (1) a  
20 licensed physician, (2) a licensed physical therapist, (3) a  
21 licensed occupational therapist, or (4) any other licensed  
22 health care professional who performs specialty evaluations  
23 within the professional's scope of practice.

24 Section 15. Creation of focused regulations and policies  
25 for complex rehabilitation technology.

1           (a) The Department of Healthcare and Family Services shall  
2 establish focused rules and policies for individually  
3 configured complex rehabilitation technology products and  
4 services. These focused rules and policies shall take into  
5 consideration the customized nature of complex rehabilitation  
6 technology and the broad range of services necessary to meet  
7 the unique medical and functional needs of people with complex  
8 medical needs by:

9           (1) designating current HCPCS billing codes listed in  
10 paragraphs (1) and (2) of subsection (b) of Section 10 as  
11 complex rehabilitation technology, and as needed, creating  
12 new billing codes or modifiers for services and products  
13 covered for complex needs patients;

14           (2) establishing specific supplier standards for  
15 companies or entities that provide complex rehabilitation  
16 technology and restricting the provision of complex  
17 rehabilitation technology to only qualified complex  
18 rehabilitation technology suppliers that meet such  
19 standards as defined in subsection (e) of Section 10;

20           (3) requiring complex needs patients receiving a  
21 complex rehabilitation manual wheelchair, power  
22 wheelchair, or seating component to be evaluated by:

23           (A) a qualified health care professional as  
24 defined in subsection (f) of Section 10 (such  
25 evaluation shall not be subject to any therapy cap);  
26 and

1 (B) a qualified complex rehabilitation technology  
2 professional as defined in subsection (d) Section 10;

3 (4) amending the Medicaid wheelchair repair policy to:

4 (A) not require a prior approval for wheelchair  
5 repair items that are typically replaced on an annual  
6 basis due to normal wear from daily use. For items so  
7 identified, such as tires, batteries, and upholstery,  
8 a prior approval shall not be required unless the  
9 quantity requested exceeds what would be typically  
10 required in a calendar year. The Department shall work  
11 with CRT suppliers and Medicaid beneficiary groups to  
12 determine appropriate annual quantity thresholds;

13 (B) if repairs can not be completed within 3  
14 business days, and if the Medicaid beneficiary does not  
15 have a backup wheelchair, require that suppliers  
16 provide a functioning loaner wheelchair as soon as one  
17 is available. The Department shall provide an  
18 appropriate rental payment for these instances;

19 (C) inform Medicaid beneficiaries as to the agency  
20 or entity to which concerns or disputes with any part  
21 of this policy should be reported; and

22 (D) incorporate by reference the provisions of the  
23 Assistive Technology Warranty Act;

24 (5) maintaining payment policies and rates for complex  
25 rehabilitation technology to ensure payment amounts are  
26 adequate to provide complex needs patients with access to

1 such items. The policies and rates shall take into account  
2 the significant resources, infrastructure, and staff  
3 needed to appropriately provide complex rehabilitation  
4 technology to meet the unique needs of complex needs  
5 patients and shall:

6 (A) provide that the HCPCS billing codes listed in  
7 paragraphs (1) and (2) of subsection (b) of Section 10  
8 will maintain an allowed payment amount not less than  
9 100% of the Medicare fee schedule amount being used by  
10 the Department on January 1, 2016 less 6%. If the  
11 medically necessary item is not covered by Medicare, or  
12 is individually considered for payment, then the State  
13 shall maintain an allowed payment amount equal to the  
14 item's Manufacturer's Suggested Retail Price minus  
15 10%;

16 (B) preserve the option for complex rehabilitation  
17 technology to be billed and paid for as a purchase  
18 allowing for lump sum payments for devices with a  
19 length of need of one year or greater; and

20 (C) provide that State Medicaid billing procedures  
21 will incorporate Medicare HCPCS code modifiers  
22 governing competitively bid complex rehabilitation  
23 technology that is added to noncompetitively bid  
24 wheelchair bases;

25 (6) exempting the HCPCS billing codes listed in  
26 paragraphs (1) and (2) of subsection (b) of Section 10 from

1 inclusion in any bidding, selective contracting, or  
2 similar initiative;

3 (7) requiring that Managed Care Medicaid plans adopt  
4 the rules and policies outlined in this Act and contract  
5 with any willing, qualified complex rehabilitation  
6 technology supplier; and

7 (8) making other changes as needed to protect access to  
8 complex rehabilitation technology for complex needs  
9 patients.

10 Section 99. Effective date. This Act takes effect July 1,  
11 2016."